

CLAIMS ONLY							Application Number <u>01/974552</u>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.		Indep.	Depend.	Indep.	
1											
2							51				
3							52				
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42							91				
43							92				
44							93				
45							94				
46							95				
47							96				
48							97				
49							98				
50							99				
Total							100				
Indep							Total				
Depend							Indep				
Total							Depend				
Claims							Total				
							Claims				